

# Douglas County Oracle Self-Service Open Enrollment Instructions – 2013 Benefits

This document is intended as a quick reference guide to assist with your online benefits enrollment. **Before you start, you will need the birthdate & Social Security number information for any covered dependents.**

**Step 1:** Access Oracle Self-Service – From within the county network, use the following link:

[https://doteb.mycmsc.com/OA\\_HTML/AppsLocalLogin.jsp](https://doteb.mycmsc.com/OA_HTML/AppsLocalLogin.jsp). If you are accessing from a network outside the county (such as from home), please use the following link: <https://dotex.mycmsc.com>.

**Step 2:** Enter User Name and Password *Note: Please use your user name and password given by DOT.Comm. If you do not have a login, please contact DOT.Comm at (402) 444-3663 or via email at: [servicedesk@dotcomm.org](mailto:servicedesk@dotcomm.org) for your user name and password.*

**Step 3:** Click on **Employee Self Service** and select the **Personal Information**

ORACLE® E-Business Suite

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Logged In As MDEMO

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Navigator Edit Navigator

Employee Self Service (Arrears)

Employee Self Service (Arrears)

Personal Information

Payslip

Tax Form

Benefits

My Information

Employee W-2

Favorites Edit Favorites

You have not selected any favorites. Please use the "Edit Favorites" button to set up your favorites.

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Scroll down to check your listed dependents and beneficiaries. It is very important that this information be correct and up to date since this list will be used in the enrollment process to select beneficiaries/contacts and/or dependents for coverage. You may update the information as needed by choosing update to edit information, remove, or add a new emergency contact/dependent/beneficiary.

## Emergency Contacts

Enter or update information about people you want human resources to contact in the event of an emergency. You can designate more than one person as an Emergency Contact, but only one Primary Contact.

Select Emergency Contact: <input type="button" value="Update"/> <input type="button" value="Remove"/> <input type="button" value="Add"/>					
Select Name	Relationship	Primary Contact	Home Number	Work Number	Mobile Pager
<input checked="" type="radio"/> Smith, Joe	Spouse	No	402-123-4567		

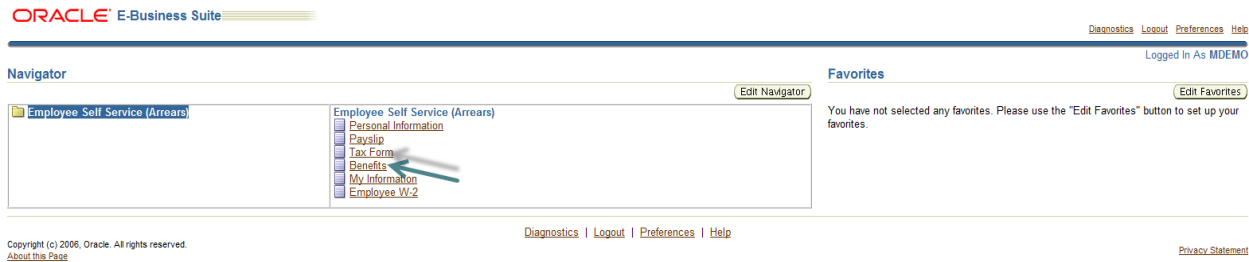
## Dependents And Beneficiaries

Add or update information about your beneficiaries or dependents.

*Note: People you enter here become dependents or beneficiaries only after you complete Benefits Enrollment.*

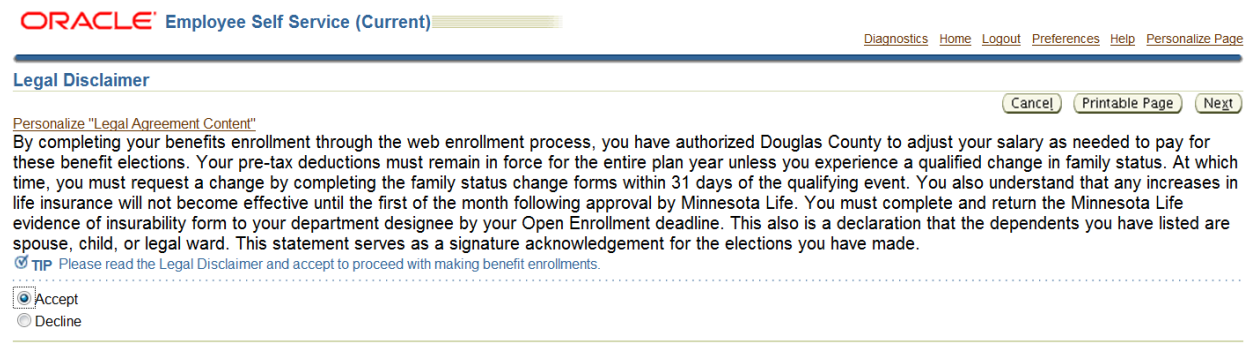
Select Dependent And Beneficiary: <input type="button" value="Update"/> <input type="button" value="Remove"/> <input type="button" value="Add"/>	
Select Name	Relationship
<input checked="" type="radio"/> Smith, Joe	Spouse
<input type="radio"/> Smith, Susie	Child
<input type="radio"/> Jeans, Green	Trustee

**Step 4:** When the information is correct, select **Home** (at the upper right or bottom of the screen) or the **Back** to return to the main options. Now choose **Benefits** to begin the enrollment process.



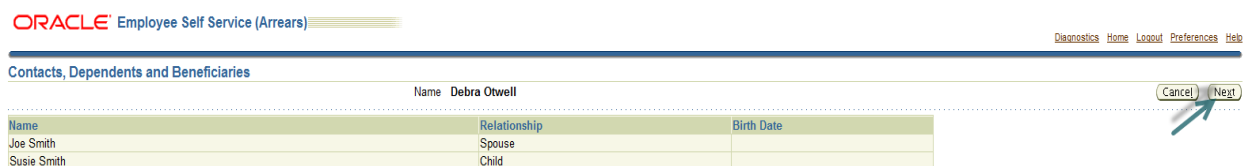
## Step 5: Legal Disclaimer

This page contains the legal acknowledgement for your elections and to verify that all dependents you claim are your legal dependents. These elections remain in place during the plan year unless you have a qualified family status change. You must select the **Accept** button to continue. Then click **Next**.



## Step 6: Verify Contacts, Dependents, and Beneficiaries

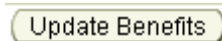
If this information is correct, select **Next** to continue. If not, please repeat Step 3 above. Note that some of the contacts listed may not be active. The list under your personal information tab will show the active list.



You will then be taken to the **Benefits Enrollment** tab which summarizes your benefits options. If you participate in the flexible spending account, your balance will show zero (this does not impact the 2012 elections you chose). The FSA elections need to be re-elected each year and start over with the 2013 year. If you want to participate for 2013, you will need to select the new annual amount(s) for 2013.

Note: If you select the **Current Benefits** tab next to the benefits enrollment tab, you can see the coverage options you have currently and also look back any history of elections. This is a reference tab only. You will need to return to the Benefits Enrollment tab and select the "Update Benefits" tab to make your 2013 elections.

**Step 7:** From the benefits enrollment tab, select **Update Benefits Tab** to make your elections for Medical, Dental, Flexible Spending and Life plans.



## Benefit Enrollments

Name Mary Demo

Program County Active Benefits Program

Update Benefits

## Benefit Selections

Basic/AD&amp;D/LTD/Pension are required enrollments for eligible employees and cannot be changed or waived.

Plan	Option	Coverage	Start Date	Coverage Employee	Pay Period Cost	Employer Pay Period Cost	Pension Employee %	Pension Employer %
Medical - Medical Plan - Arrears Payroll	EE+ Two or More	16-Dec-2012			104.32	591.12	0.00	0.00
Dental - Dental Plan - Arrears Payroll	EE+ Two or More	16-Dec-2012			6.03	24.09	0.00	0.00
Life Basic - Basic Life - Arrears Payroll		16-Dec-2012	15,000.00		0.00	2.25	0.00	0.00
Life AD&D - Life AD&D - Arrears Payroll		16-Dec-2012	15,000.00		0.00	0.38	0.00	0.00
Life Optional - Optional Life	Elect	16-Dec-2012	50,000.00		2.50	0.00	0.00	0.00
Life Dependent - Dependent Life	Elect	16-Dec-2012			1.11	0.00	0.00	0.00
Pension - Pension Plan - Arrears Payroll	Elect	17-Sep-2012			0.00	0.00	8.50	8.50
Total					113.96	617.84	8.50	8.50

Once you select Update Benefits, you will see the following links to assist as needed through the enrollment process.

## ORACLE Employee Self Service (Current)

Update Enrollments

Update Enrollments Additional Data

Cover Dependents

Update

## Update Benefits: Update Enrollments

Name Timothy J McNally

Personalize Flow Layout: (BnftUomRegion UomTextRN)

Basic/AD&amp;D/LTD/Pension are required enrollments for eligible employees and cannot be changed or waived. \* Medical, I

[Click here to access various insurance contacts such as UHC, Delta Dental, etc.](#)
[Click here to access Minnesota Life Evidence of Insurability Health Application](#)
[Click here to email Douglas County Employee Benefits Help Desk](#)
[Open Enrollment Help Desk Phone Number: \(402\) 444-4173](#)

## Medical

Plan	Option
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Note the links to the email inbox for open enrollment questions, the phone number for help desk (available only during open enrollment), vendor contact listing, and the Minnesota Life form should you request life insurance coverage or an increase in coverage.

Below you will see each section of the benefits options on the enrollment form. Your current selections are indicated by a check in the box. If retaining the same coverage as selected, you do not need to do anything for that section. If you wish to change selections, you simply need to select the box next to the desired selection. **Choose EE for employee only coverage, EE+1 for employee plus one dependent, and EE+2 or more for Family coverage.**

The first plan listed is the Medical PPO plan. The Dental plan is listed next. The **Cost** listed is the per pay period cost to you. The "option" (coverage tier – either employee, employee plus one dependent, or employee plus two or more dependents) must be the same for the Medical and Dental plan.

## Medical

Plan	Option	Select	Cost
Medical Plan - Arrears Payroll			
	EE	<input type="checkbox"/>	19.69
	EE+1	<input type="checkbox"/>	77.40
	EE+ Two or More	<input checked="" type="checkbox"/>	104.32

Note: The option in medical and dental must be the same

## Dental

Plan	Option	Select	Cost
Dental Plan - Arrears Payroll			
	EE	<input type="checkbox"/>	1.75
	EE+1	<input type="checkbox"/>	6.03
	EE+ Two or More	<input checked="" type="checkbox"/>	6.03
Waive Medical and Dental Coverage		<input type="checkbox"/>	

If you wish to make a change in your coverage, check the applicable box

Next is Basic Life and Accidental Death and Dismemberment insurance. This option is defaulted at \$15,000 for each employee for each coverage. The premiums for these coverages are paid for by the County, so there is no charge to employees.

### Life Basic

Plan	Select	Coverage
Basic Life - Arrears Payroll	<input checked="" type="checkbox"/>	15,000.00

### Life AD&D

Plan	Select	Coverage
Life AD&D - Arrears Payroll	<input checked="" type="checkbox"/>	15,000.00

Douglas County provides basic life and AD & D insurance at no cost to you. Please do not remove the check in the box

Next is Optional Life Insurance. If you are requesting coverage for the first time or if you are increasing coverage, you will need to complete a life insurance/health application form from Minnesota Life. The link to this form is at the top of the enrollment form. Click on the link and you will be able to print a .pdf of the form to complete. **Your coverage request is contingent upon the health application being approved.** The coverage will begin the first day of the month after you are approved and you will be charged the premiums for the coverage with the next available payroll. The cost listed is **monthly**.

### Life Optional

Plan	Option	Select	Coverage	Cost
Optional Life				
	Elect	<input type="checkbox"/>	10,000.00	0.50
	Elect	<input type="checkbox"/>	20,000.00	1.00
	Elect	<input type="checkbox"/>	30,000.00	1.50
	Elect	<input type="checkbox"/>	40,000.00	2.00
	Elect	<input checked="" type="checkbox"/>	50,000.00	2.50
	Elect	<input type="checkbox"/>	60,000.00	3.00
	Elect	<input type="checkbox"/>	70,000.00	3.50
	Elect	<input type="checkbox"/>	80,000.00	4.00
	Elect	<input type="checkbox"/>	90,000.00	4.50
	Elect	<input type="checkbox"/>	100,000.00	5.00
	Elect	<input type="checkbox"/>	110,000.00	5.50
	Elect	<input type="checkbox"/>	120,000.00	6.00

You can make a change in optional life insurance here. If you are increasing coverage, you will need to complete a Minn. Life application

You may elect life insurance for all of your dependents by selecting this option below. If you are selecting this for the first time, you must complete a health application form from Minnesota Life and await the approval.

### Life Dependent

Plan	Option	Select	Cost
Dependent Life	Elect	<input checked="" type="checkbox"/>	1.11

You may elect to provide life insurance to dependents here

Basic vision coverage with eye exam discounts, etc. is included with the PPO medical coverage. If you wish to have the materials vision coverage (with discounts for eye glasses, contacts, etc.), you can choose the coverage at the same level as your medical/dental coverage. The **monthly** cost for EE coverage is \$5.31; EE+1 is \$8.59, and the EE+ 2 or more is \$13.23.

### Vision

Plan	Option	Select
Vision Plan - Arrears Payroll		
	EE	<input type="checkbox"/>
	EE+1	<input checked="" type="checkbox"/>
	EE+ Two or More	<input type="checkbox"/>

Select here for materials vision coverage if you wish. The coverage level needs to be the same as what you chose for medical/dental.

**Step 8:** You will receive an option to view the coverages you have chosen. If you need to change something, just hit **Back** and reselect. If it looks correct, select

Update Benefits: Update Enrollments Additional Data

Name

Mary Demo

Program

County Active Benefits Program

Back

Next

Indicates required field

Please fill in the additional information for the benefits you have selected. If the benefits do not require any additional information, press Next.

Medical : Medical Plan - Arrears Payroll EE+ Two or More

Dental : Dental Plan - Arrears Payroll EE+ Two or More

Life Basic : Basic Life - Arrears Payroll

Life AD&D : Life AD&D - Arrears Payroll

Life Optional : Optional Life Elect

Life Dependent : Dependent Life Elect

Pension : Pension Plan - Arrears Payroll Elect

Vision : Vision Plan - Arrears Payroll EE

Back

Next

Next.

**Step 9: Covered Dependents** Check the boxes next to the dependents you would like to cover.

Update Benefits: Cover Dependents

Name

Mary Demo

Program

County Active Benefits Program

Back

Next

Dependent Selection

TIP Missing Persons may not be family members or are ineligible.

Medical : Medical Plan - Arrears Payroll EE+ Two or More

Dependent	Relationship	Social Security Number	Eligible	Ineligibility Reason	Cover
Mark Demo	Spouse	508-46-2564	Yes		<input checked="" type="checkbox"/>
Timmy Demo	Child		Yes		<input checked="" type="checkbox"/>

Dental : Dental Plan - Arrears Payroll EE+ Two or More

Dependent	Relationship	Social Security Number	Eligible	Ineligibility Reason	Cover
Mark Demo	Spouse	508-46-2564	Yes		<input checked="" type="checkbox"/>
Timmy Demo	Child		Yes		<input checked="" type="checkbox"/>

Add Dependents

The people listed above are eligible for dependent coverage. Please add any dependents you want to cover and restart the enrollment process.

Add Dependents

Back

Next

Select all dependents you want to cover for medical and dental. Note: All dependents selected must be your legal dependent and meet the age requirements.

**Step 10: Update Beneficiaries**

All your contacts from the Names and Relationships page will be displayed as possible beneficiaries. If the information is correct already, select **Next** to proceed. As a reminder, primary beneficiaries will receive any applicable payment. You may choose one or more as long as the total percentage equals 100%. The contingent beneficiary only receives payment if the primary beneficiary is deceased and unable to receive the payment. Enter the percentage you would like to assign to each person. Click **Recalculate** to verify your totals and make sure they equal 100% for each type of beneficiary. Click **Next** when finished.

Note: The Add Beneficiaries button should only be used if you did not correctly include additional persons during **Step 4**. **IMPORTANT: Using this button will cancel your enrollment process for this program and return you to Step 4 to begin the process again.**

## Update Benefits: Update Beneficiaries

Name Mary Demo

Program County Active Benefits Program

### Beneficiary Selection

#### Life Basic : Basic Life - Arrears Payroll

##### Family Members and Others

Beneficiary	Relationship	Social Security Number	Primary %	Contingent %	Clear
Mark Demo	Spouse	508-46-2564	100	0	
Mary Demo	Self	999-99-7777	0	0	
Timmy Demo	Child		0	100	

##### Organizations

Organization Name	Primary %	Contingent %	Clear
<input type="text"/>			

Add Another Row

Make sure both the Primary and Contingent Beneficiary selections total 100% for each coverage (basic life, optional life, pension, etc).

Recalculate

Primary %	Contingent %
100	100

TIP Total Percentages for the plan must equal 100

#### Life AD&D : Life AD&D - Arrears Payroll

##### Family Members and Others

Beneficiary	Relationship	Social Security Number	Primary %	Contingent %	Clear
Mark Demo	Spouse	508-46-2564	50	0	
Mary Demo	Self	999-99-7777	0	0	
Timmy Demo	Child		50	100	

##### Organizations

Organization Name	Primary %	Contingent %	Clear
<input type="text"/>			

Add Another Row

## Step 11: Confirmation Statement

You will then see a confirmation of your selections. This page will alert you to any warning if information is missing. Refer to any additional instructions or information on the screen. At this point, your elections have been saved to go into effect January 1, 2013. You can choose to print this form by selecting **Printable Page** or you can click the **Confirmation Statement** button to view the summary in a letter for your records.

### Confirmation

Your changes have been saved. To make additional changes, return to the Overview page and repeat the process. Please print this page for your records.

Note options to go back and make changes, print this page, or view/print confirmation letter.

### Confirmation Statement

Name Mary Demo

Program County Active Ben

Back Printable Page Confirmation Statement Finish

[Update Enrollments](#) [Update Enrollments Additional Data](#) [Cover Dependents](#) [Update Beneficiaries](#) [Confirmation Statement](#)**Confirmation**

Your changes have been saved. To make additional changes, return to the Overview page and repeat the process. Please print this page for your records.

**Confirmation Statement**Name **Mary Demo**Program **County Active Benefits Program**[Back](#)[Printable Page](#)[Confirmation Statement](#)[Finish](#)

**TIP** Click Confirmation Statement to get a PDF document of your enrollments. Click Finish to complete the enrollment process, then click the Logout link when you are ready to leave the application.

**Benefit Selections**

Plan	Option	Coverage Start Date	Coverage Employee	Monthly Cost Employer	Monthly Cost Pension	Employee % Pension	Employer %
Medical - Medical Plan - Arrears Payroll	EE+ Two or More	16-Dec-2012		104.32	591.12	0.00	0.00
Dental - Dental Plan - Arrears Payroll	EE+ Two or More	16-Dec-2012		6.03	24.09	0.00	0.00
Life Basic - Basic Life - Arrears Payroll		16-Dec-2012	15,000.00	0.00	2.25	0.00	0.00
Life AD&D - Life AD&D - Arrears Payroll		16-Dec-2012	15,000.00	0.00	0.38	0.00	0.00
Life Optional - Optional Life	Elect	16-Dec-2012	50,000.00	2.50	0.00	0.00	0.00
Life Dependent - Dependent Life	Elect	16-Dec-2012		1.11	0.00	0.00	0.00
Pension - Pension Plan - Arrears Payroll	Elect	17-Sep-2012		0.00	0.00	8.50	8.50
Vision - Vision Plan - Arrears Payroll	EE	04-Oct-2012		5.31	0.00	0.00	0.00
<b>Total</b>				<b>119.27</b>	<b>617.84</b>	<b>8.50</b>	<b>8.50</b>

**Covered Dependents**

Plan	Option	Coverage Start Date	Dependent	Relationship	Social Security Number
Medical - Medical Plan - Arrears Payroll	EE+ Two or More	16-Dec-2012	Mark Demo	Spouse	508-46-2564
		16-Dec-2012	Timmy Demo	Child	
Dental - Dental Plan - Arrears Payroll	EE+ Two or More	16-Dec-2012	Mark Demo	Spouse	508-46-2564
		16-Dec-2012	Timmy Demo	Child	

**Beneficiaries**

Plan	Option	Beneficiary	Relationship	Social Security Number	Primary %	Contingent %
Life Basic - Basic Life - Arrears Payroll		Mark Demo	Spouse	508-46-2564	100	0
		Timmy Demo	Child		0	100
Life AD&D - Life AD&D - Arrears Payroll		Mark Demo	Spouse	508-46-2564	50	0
		Timmy Demo	Child		50	0
		Mary Demo	Self	999-99-7777	0	100
Life Optional - Optional Life	Elect	Mark Demo	Spouse	508-46-2564	0	100
		Timmy Demo	Child		100	0
Pension - Pension Plan - Arrears Payroll	Elect	Mark Demo	Spouse	508-46-2564	100	0
		Timmy Demo	Child		0	100

[Back](#)[Printable Page](#)[Confirmation Statement](#)[Finish](#)

## Step 12: Finish Enrollment

Click the **Finish** Button to complete the Enrollment Process. You have now returned to the overview page but now your plan changes will be displayed. If they are not, please return to *Step 8* and complete any missing steps.

**To Exit:** Click either *Home* | *Logout*. *Congratulations! Your annual enrollment process is now complete.*